



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
FMDC/SECURITY
ID BADGE/BUILDING ACCESS APPLICATION

Instructions: Use this form to request a State ID badge, access to interior State-owned building secure areas, and access to State-owned building entrances outside regular business hours for State employees. Secured-area and after-hours access shall be limited to an absolute minimum and only granted if needed to enable the employee to accomplish assigned functions or tasks. Authorized Representatives shall confirm the identity and photo of the employee for whom the ID Badge is requested prior to signing this form. Where applicable, misuse of an ID badge may result in discipline up to and including dismissal from employment or cancelation or refusal of a badge. An employee's badge shall be returned to FMDC when the employee leaves employment.

Please refer to procedural criteria and check the appropriate box below for the type of service requested for the individual designated below:

STATE EMPLOYEE

CONTRACTOR

ID Badge Only

ID Badge Only

ID Badge with Secured Area Access

ID Badge with Secured Area Access

Find more information at: <https://oa.mo.gov/facilities/facilities-operations/security-information>

BADGE TYPE

New Issue

Replacement - Defective/Damaged

Other

Access Change

Replacement -Lost

Renewal

Name Change - Current Name Displayed on Badge

Name: Last, First MI

Position Title

Date of Birth

Domicile Building Address- including floor and room number

Office Phone Number

Agency (if Contractor Badge Request, please indicate Agency/"Contractor")

Division - Section (if contractor, indicate Division/Contractor Name)

BUILDING ACCESS - PLEASE LIST EACH BUILDING ON A SEPARATE LINE

If additional space is needed, please indicate access needs in Additional Security Access Information Details space below

Building Address	Secured Door/Area Access Needed	Monday - Friday Access Hours	Saturday & Sunday Access	Holiday Access

Additional Security Access Details

As the Authorized Representative, I have confirmed the above named individual has completed all necessary background screenings as deemed appropriate by Responsible Agency and have confirmed the name listed above is the individual's legal first and last name as it appears on their driver's license or other government-issued ID card.

Agency Authorized Representative (Typed)

Access Effective Date

Agency Authorized Representative (Signature)

Date

FMDC BADGE OFFICE USE ONLY

Completed By	BADGE SOFTWARE	Badge Number
Completed Date	JCI	DHSS Badge Number
	VERIADMIN	Sonitrol Badge Number
	LENEL	